COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN AND THEIR FAMILIES PROGRAM

Child, Adolescent and Family Branch
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

QUARTERLY REPORT

Project Name: Children's Mental Health Initiative Prepared by: Jeanne Mack

Date: June 30, 2003

Quarterly Report Period(s): March 2003 through May 2003

I. Goals of the Project:

 Have there been any changes in the goals of the project this quarter and for what reasons? None

If there are no changes, describe progress toward achievement of the goals as described in your application.

1.) Outcome-driven service delivery, supported by rigorous evaluation. Progress continues in service delivery, with committees focusing on outcomes of programs and projects funded by the grant and review of evaluation data from Portland State University.

The Clark County Regional Support Network Annual Report summarizes and highlights the key accomplishments achieved by the Clark County Mental Health System during calendar year 2002. The accomplishments for 2002 are shared by all of our mental health providers, consumers, family members, advocates, Mental Health Advisory Board, Quality Review Team, staffs and other governmental agencies.

Projects updates include: Children's System of Care, School Based Mental Health Projects, Children's Mental Health System Redesign (based on SOC values and principles), Program of Assertive Community Treatment, Co-occurring Disorder Programs, Cultural Competency, Recovery Vision, Adults/Older Adults Services, and Housing Services.

The complete Annual Report is in the Appendices.

- 2.) System Wide Management Information System Implementation of new software continues.
- 3.) Enhanced involvement of consumers at all levels of the system of care Quality Review Team sponsored Mental Health Speakout to voice opinions about mental health services. Recommendations from families regarding respite care are being addressed by the Advisory Council. Family members continue to participate as partners supporting families in services, and as members of all committees.

The Speakout Flier for this event is in the appendices

- 4.) Development of a Children's Trust Fund
 Flex funds continue to be disbursed to families in services.
 Recommendations for sustaining funding and developing/and or creating funds disbursed through a non-profit are under consideration.
- 5.) Expanded system of case finding, screening and assessment Outreach to school personnel, service providers, and families in terms of access to mental health services continues.
- 6.) Cross system program for increased cultural competence Cultural competency standards are now part of the service providers' chart reviews.
- 7.) Enhanced capacity for resource mapping and asset identification Networking with county and other community initiatives continues to assure that access to resources are available to families.

Appendices I

- Clark County Regional Support Network Annual Report 2002
- Children's Mental Health Speak out Flier

II. Target Population of Children who have Serious Emotional Disturbances:

Number of children newly enrolled in services this quarter only:

57 New Intakes

26 Male

31 Female

7 Black

1 Cambodian

4 Native American

3 Other Ethnicity

42 White

Number of children served to date:

540

 How does your enrollment effort reflect the ethnic/racial diversity of the entire geographic area defined in your application?

The enrollment continues to reflect the high percentage of white population with fewer diverse populations.

 Across all systems partners; how many children, as of this reporting period, are currently being served:

Out of state: 2

Out of Community: 40

III. Child and Family Services/Supports:

• Which of the mandated services (as identified in the Guidance for Applicants) has been implemented?

All mandated services continue to be provided. Resource Management Committee meetings continue to be focused on projects and programs funded by the grant with recommendations for continued support from community and agency resources. Recommendations will be made to the Advisory Council for follow through.

The Family Action Committee Respite Care Subcommittee forwarded twelve recommendations to the Advisory Council, with a priority for the following three recommendations:

1. Support expanding existing respite care programs (Caring Connections for example).

- 2. Fund a "Care Givers Night Out" (similar to The Arc's Free Time or Sib Shop.
- 3. Identify one agency as the key information and referral agency for respite care (Childcare Resource and Referral, for example). The agency should be willing to meet with a group of family members to develop a brochure that sets out the ways in which family calling for help can be successful in finding good matches with providers of their respite needs.

A copy of the 12 recommendations and the complete report are in the appendices. In addition SOC findings on Respite Care and The Respite Resource Guide developed by The Respite and Crisis Coalition of Washington State are included in the appendices. These documents were used to inform the work of the subcommittee.

Finally, a copy of the Care Notebook developed by the Center for Children with Special Needs has been made available to families. A copy is included in the appendices.

 Have barriers to development and implementation of the mandated services been identified and how are they being addressed?
 County agencies are planning to meet to review possibilities for supporting respite care. Work continues on sustaining services implemented with grant dollars.

The Community Partners Committee continues to meet with families to support them in accessing services and or resources not readily available. A summary of family meetings is captured in the Community Partners Children and Family Assistance Matrix. A copy of the matrix is in the appendices.

Appendices II

- The Sub-Committee on Respite Care Recommendations to the Family Action Committee
- System of Care Evaluation: Findings on Respite Care (PSU)
- Respite Resource Guide
- Care Notebook
- Community Partners Children and Family Assistance (matrix)

IV. System Level Coordination/Infrastructure and Management Structure:

 Identify management team members, listing participants by name, agency or constituency being represented, and their role on the team. Identify any changes in the make-up of the team since the previous quarterly report.

Resignations and appointments to the Community of Care Advisory Council (COCAC) included the following:

School Representative: Resigned:

Shonny Bria, Superintendent, Battle Ground SD

Appointed:

Diana Gilsinger, Associate Supt. Battle Ground SD

County Commissioner

Representative: Resigned:

Commissioner Craig Pridemore

Appointed:

Commissioner Betty Sue Morris

Other appointed positions remained the same.

Bylaw changes added two youth representatives to the council. The following youths were elected:

Renata Rhodes, Cultural Competency Committee Evie Michaud.

Biographical information on each of the new Advisory Council members is currently being gathered an will be included in the fourth quarter report.

 Include any new or additional public policy, including memoranda of understanding and or legislation, developed since the last report.
 At the April General Meeting, bylaw changes were approved that clarified procedures for appointments, elections, and added youth to the council. A copy of Bylaw revisions can be found in the appendices. A resolution documenting the actions taken is also included in the appendices.

Presentations included on the agenda at the April general meeting included a presentation on the Community Empowerment Project and the Cultural Competency Committee.

The First Exceptional Efforts Awards were presented to six community members. A subcommittee of the Family Committee was responsible for developing guidelines and selecting the first award winners. A plaque with names of community members will hang in the Clark County Public Service Center. The intent is for the awards to be presented each quarter to family members, providers and community members. Guidelines for the awards and the first award winners are in the appendices.

• List optional services (as suggested but not mandated, in the Guidance For Applicants) being provided and identify how these services are being funded, managed, and supervised?

A community update on the Youth Suicide Prevention Plan took place on May 14, 2003. More than 36 community members, including educators, and county officials, have researched national and statewide prevention programs as well as ways to develop positive youth outcomes.

The suicide prevention team plans to implement three programs:

Teen Talk: A phone and Internet forum in which trained teen volunteers are available to youth for "just talk" or referral to services.

Applied Suicide Intervention Skills Training: Community Empowerment Trainers have been trained to teach suicide intervention to caregivers, including professionals and volunteers.

Coping and Support Training Plus Parent Involvement:

A partnership with University of Washington, the program will work closely with at risk students in the school setting. Through group sessions and counseling, the program is designed to help students learn life skills and manage stress. Data will be collected for the Universities Research Project.

Juvenile Justice Connections, Title IVE, and School Proviso projects continue.

 Describe linkages with universities, research projects, media, or other entities not directly involved in providing services to the target population.
 Respite Care research has been accessed through PSU. This information will be used to support the recommendations from families, and work toward a coordinated system that supports families in need of respite.

Copies of Respite Care data are in the appendices.

 Have barriers to any of the above listed activities been identified and if so, how are they being addressed?

Improved communications and media coverage will help in making the community aware of needs. Funding possibilities will be discussed by agencies.

Appendices III

- By-Law Revision
- General Meeting Handouts: Community Empowerment Training and Cultural Competency
- Exceptional Efforts Award Process and Awardees
- Replica of Award Plaque for Exceptional Efforts
- Youth Suicide Prevention Community Update Flier
- Youth Suicide Prevention Team Agenda for May 14, 2003
- Youth Suicide Prevention Team Action Plan
- Project: CAST + PLUS (Coping and Support Training + Parent Involvement)
- Teen Talk Hear to Listen
- Youth Suicide Prevention Involvement Survey
- ASIST Training (Applied Suicide Intervention Skills Training)
 Brochure

V. Cultural Competence:

• Describe efforts being made for staff of the site to reflect the diversity of the site community and any staff changes since the last quarterly report due to these efforts.

Plans are underway for a Cultural Competency training in October. The focus will be on "Expanding the Meaning of Culture." A youth panel will participate and a "how to" session on cultural assessment of consumers at intake will be presented.

VI. Family Involvement:

 Describe how family members are involved in the implementation of the grant activities: i.e., service planning, data collection and dissemination, systems planning, budget development, informing policy makers about the services needed, and in policy development.

Families are in involved in all grant activities. The Family Action Committee continues to work on outreach to families and network with other entities that focus on services for families.

Families are looking forward to the response regarding the recommendations made regarding respite care in Clark County.

The participation of families in the Community Empowerment Project continues to grow. This project was created with parent input and continues to address the training and access needs of families.

 Have barriers been identified in family involvement and how are they being addressed?

Turnover of family members on the advisory council continues to create a lack of continuity. A review of the structure of the council is being considered.

VII. Social Marketing/Public Education Campaign:

 Describe any changes to your social marketing/public education plan this quarter?

Plan is moving forward with no changes.

- How has the national campaign team helped you this quarter.
 Posters from the national campaign have been posted with local information.
- Who were your targeted key audiences and stakeholders this quarter? What were your key messages and how were they disseminated?
 Efforts to widen the audience beyond the families and providers have been undertaken. Mental Health Month "ads" from the National Mental Health Association were distributed electronically to school principals for inclusion in newsletters. The same copy was also sent to local newspapers and a local radio station.

A media packet has been developed for outreach efforts. The packet includes articles on mental health issues, websites, information on the Clark County System of Care and the Community of Care Supports and Services Brochure.

Copies of the media packet information, a press release for the Youth Suicide Prevention Community Meeting, and an FYI article (Clark County E Letter) on Youth Suicide Prevention are included in the appendices.

Copies of ECCO Award certificates for the media materials submitted are in the appendices. The Clark County video was a finalist (top 5) in the judging.

Also included in the appendices is a copy of the Fruit Valley Learning Center Newsletter that includes the mental health fliers that were distributed electronically to the larger school districts in the county.

Copies of the media packet information are included in the appendices.

 Have barriers to the implementation of the public social marketing/public education efforts been identified, and if so, how are they being addressed. There are more opportunities and possibilities than there is time! It is also a challenge to connect the research data with the marketing message. Collecting family stories is important, and time consuming.

Appendices IV

- Media Packet
- Ecco Award Certificates
- Fruit Valley Newsletter

VIII. Evaluation:

Clark County System of Care Evaluation Quarterly Report March 1, 2002 to May 31, 2003

The table below depicts the interviews completed during this three-month period, and the total interviews completed. Interviewing began in December 1999.

| | December 2002 | Cumulative |
|--|---------------|------------|
| | through | total |
| | February 2003 | |
| Intake Descriptive Information | 56 | 720 |
| Questionnaires | | |
| Number of children for whom baseline data | 10 | 320 |
| collection is complete (youth and caregiver) | | |
| Number of children for whom 6-month | 15 | 241 |
| follow-up data collection is complete | | |
| Number of children for whom 12-month | 36 | 170 |
| follow-up data collection is complete | | |
| Number of children for whom 18-month | 16 | 108 |
| follow-up data collection is complete | | |
| Number of children for whom 24-month | 12 | 73 |
| follow-up data collection is complete | | |
| Number of children for whom 30-month | 10 | 40 |
| follow-up data collection is complete | | |
| Number of children for whom 36-month | 14 | 23 |
| follow-up data collection is complete | | |

How are the positions for the national evaluation and any specific local evaluation being used to implement, interpret, and disseminate the evaluation data?

There is one full-time Family Information Specialist (interviewer) located at Columbia River Mental Health, one full-time FIS at the Department of Corrections—Juvenile Justice, one half-time Family Evaluator working with the evaluation team at PSU, and one full-time FIS with the Department of Community Services—Behavioral Health Services.

The FIS's continue to interview families throughout Clark County that have received mental health services through mental health providers, crisis intervention programs, or juvenile justice. The numbers of completed interviews are shown in the table above.

We have been coordinating with Juvenile Justice to obtain data in order to examine recidivism rates of youth in the study. There were several technical problems with compiling the data, but it has been completed and we are working on analyzing data specific to the project.

- 1. How are the results and data being disseminated, with whom, and how is it being used for policy development?
 - We presented to the Resource Management Committee regarding general system of care data, including demographics of the sample, descriptions of services received, youth functioning, and family outcomes.
 - We prepared data specific to Catholic Community Services—crisis services, in preparation for submitting a presentation proposal to a national conference.
 - We released two monthly data reports:
 In March, we examined caregiver's experiences with the wraparound process;

In May, we examined youth stability in living situations.

Many of our reports and presentations are available on our website, www.rri.pdx.edu/ClarkCo.

2. Have barriers to the implementation of the evaluation effort been identified and how are they being addressed?

There have been no major barriers to the evaluation effort during this timeframe. As always, we continue to work on increasing retention rates, ensuring the consistency and accuracy of data, and securing new interviews.

IX. Technical Assistance and Trainings:

 Describe training activities that have occurred for your community this quarter. The Community Empowerment Project continues to train family members, parent partners and other stakeholders. They will be holding their second annual meeting in July 2003.

Community Empowerment Project Quarterly Report for Mar '03 to May '03

Active Membership

| As of Date | Member Type | # of members |
|------------|--|--------------|
| | Family Members (w/special needs kids) | 227 |
| 5/31/03 | Parent Partners (employed by MH system) | 37 |
| | Community Members (other concerned citizens) | 244 |
| | Total Membership | 508 |

Trainings: March 2003 – May 2003

| Name & Date | # of attendees | Satisfaction |
|--|----------------|--------------|
| | attenuees | Rate (%) |
| STS – Advocacy Training @ Clearview - Mar 2003 | 3 | 100.00% |
| Cross Agency System (CAS) - Mar 2003 | 20 | 100.00% |
| Parent Partner Monthly Meeting - Mar 2003 | 8 | 96.55% |
| Individual Education Plan (IEP) - Mar 2003 | 15 | 100.00% |
| Win/Win Communication Series - Training #3 - Apr 2003 | 15 | 100.00% |
| Parent Partner Monthly Meeting - Apr 2003 | 7 | 100.00% |
| Parent Effectiveness Leadership Training (PELT) - April 2003 | 4 | 100.00% |
| STS – How MH Sys Works Training - May 2003 | 25 | 100.00% |
| Totals | 87 | 97.68% |

Future plans for training. Trainings will continue as listed above with the
addition of ASIST Training, for Suicide Prevention. In addition, parents will be
asked for input at their annual meeting in July.

Appendices V:

- Community Empowerment Project Calendar of Events
- CEP Cross Agency System Training Flier
- Individual Education Plan Training Flier

X. Sustainability

 List percentages of your match funds which comes from public or private sources

We have the required CMHI match for the quarter covering March-May in the amount of \$1,159,587, 100% public funds.

XI. Lessons Learned

• Please list lessons learned or accomplishments your community has experienced this quarter that you would like to share with others.

The accomplishments and challenges for the Clark County Community of Care are currently being reviewed by the Advisory Council and the subcommittees. A report containing accomplishment, challenges, and recommendations for leveraging or developing funding bases for projects and programs introduced through the CMHI grant, will be presented to the Council and the Community in July.

The work of the Family Action Committee on respite care has moved forward to the child serving agencies for support. An opportunity for the agencies to collaborate on these recommendations is at hand. This is a positive example of family voice and a process of moving to action.